

WELFARE TO WORK QUARTERLY REVIEW (_ / _)

Name: _____ Address: _____
 Phone / Cell / Beeper #: _____ Work#: _____ Emergency Contact#: _____

What is your WtW goal (work, school or both)? _____ Have you achieved your goal ___ Yes ___ No
 If no please explain obstacle(s) _____

Current Employer: _____ Address: _____ Work #: _____ **FT or PT**
 Hire Date: _____ / _____ Did your income increase after you moved into S8? ___ Yes ___ No from \$ _____. to \$ _____.
 *Did you move closer to your job? ___ Yes ___ No *Promoted after moving into S8? ___ Yes ___ No *Retire benefits? ___ Yes ___ No

Please identify all employment since moving into Section 8:

Company: _____	Position: _____	Pay rate: \$ _____	Start: _____ / _____	End _____ / _____
Company: _____	Position: _____	Pay rate: \$ _____	Start: _____ / _____	End _____ / _____
Company: _____	Position: _____	Pay rate: \$ _____	Start: _____ / _____	End _____ / _____

Years of school completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
 Please circle applicable: High School Diploma / GED / College Credits / BS or BA Degree / Masters / Trade / None
 List name of trade, degree or school: _____ Date achieved: _____ / _____
 Obtained additional education after voucher? ___ Yes ___ No (circle) Diploma / GED / Degree / Trade Enrollment Date _____ / _____

1. Source(s) of income(circle): Work / TANF / SS / SSI / Child Support / Contribution / General Asst. / Unemployment
 2. TANF Expired: ___ Yes ___ No Date expired? ___ / ___ 3. Food stamp recipient? ___ Yes ___ No Date last received: ___ / ___
 4. Did your family size increase after moving into Section 8? ___ Yes ___ No Relation of addition? _____
 Currently pregnant? ___ Yes ___ No Anticipated due date? _____
 5. What type of health insurance do you have? _____ Type of health insurance for kids? _____

<i>Answer Y(yes) or N(no) in box:</i>	I Need this service	My Need for this service as been met	An agency helped meet need
GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Post Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Vocational/Trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Job Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Job Retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Alcohol / Drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Mentoring (self / child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Homeownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Agency Name: _____

Comments: _____